

<i>SERFF Tracking Number:</i>	<i>AGNY-125577362</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-CA-03</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto Program</i>		
<i>Project Name/Number:</i>	<i>/AIC-08-CA-03</i>		

Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, AIG Casualty Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Commercial Auto Program	SERFF Tr Num: AGNY-125577362	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: AIC-08-CA-03	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Sarah Jung	Disposition Date: 04/14/2008
	Date Submitted: 04/03/2008	Disposition Status: Approved
Effective Date Requested (New): 05/05/2008		Effective Date (New): 05/05/2008
Effective Date Requested (Renewal): 05/05/2008		Effective Date (Renewal): 05/05/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number: AIC-08-CA-03	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/14/2008	
State Status Changed: 04/14/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The above-referenced companies submit for your review and approval one (1) optional endorsement to be used with ISO's Commercial Auto Program currently on file with your department. Please refer to the attached form listing for information concerning the form included in this submission.

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We wish to make this filing effective for all policies on or after May 5, 2008.

Your favorable consideration and approval are respectfully requested.

Company and Contact

Filing Contact Information

Sarah Jung, Filings Analyst	Sarah.jung@aig.com
175 Water Street, 17th Floor	(212) 458-7064 [Phone]
New York, NY 10038	(212) 458-7077[FAX]

Filing Company Information

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5124990	

American International South Insurance Company	CoCode: 40258	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-6008643	

AIG Casualty Company	CoCode: 19402	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-1118791	

Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-1938623	

Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:

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(212) 770-7000 ext. [Phone]	FEIN Number: 02-0140690	

National Union Fire Insurance Company of Pittsburgh, Pa.	CoCode: 19445	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-0687550	

New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0172170	

The Insurance Company of the State of Pennsylvania	CoCode: 19429	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5540698	

SERFF Tracking Number:	AGNY-125577362	State:	Arkansas
First Filing Company:	American Home Assurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-CA-03		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto Program		
Project Name/Number:	/AIC-08-CA-03		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	04/03/2008	19255828
American International South Insurance Company	\$0.00	04/03/2008	
AIG Casualty Company	\$0.00	04/03/2008	
Commerce and Industry Insurance Company	\$0.00	04/03/2008	
Granite State Insurance Company	\$0.00	04/03/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	04/03/2008	
New Hampshire Insurance Company	\$0.00	04/03/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	04/03/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/14/2008	04/14/2008

SERFF Tracking Number:	AGNY-125577362	State:	Arkansas
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Company Tracking Number:	AIC-08-CA-03		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto Program		
Project Name/Number:	/AIC-08-CA-03		

Disposition

Disposition Date: 04/14/2008
Effective Date (New): 05/05/2008
Effective Date (Renewal): 05/05/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto Program		
Project Name/Number:	/AIC-08-CA-03		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Listing	Approved	Yes
Form	Borrower - Additional Insured and Owner of Borrowed Autos	Approved	Yes

SERFF Tracking Number:	AGNY-125577362	State:	Arkansas
First Filing Company:	American Home Assurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-CA-03		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto Program		
Project Name/Number:	/AIC-08-CA-03		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Borrower - Additional Insured and Owner of Borrowed Autos	97308	(2/08)	Endorsement/Amendment/Conditions	New		97308_2_08_(001).PDF

This endorsement, effective

12:01 A. M.

forms part of Policy No.

Issued to

by

BORROWER – ADDITIONAL INSURED AND OWNER OF BORROWED AUTOS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

SCHEDULE

Insurance Company:	
Policy Number:	Effective Date:
Expiration Date:	
Named Insured:	
Address:	
Additional Insured (Owner of "Borrowed Auto"):	
Address:	
Designation Or Description Of "Borrowed Auto(s)":	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Borrowed Auto"
Collision	Actual Cash Value or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Borrowed Auto"
Specified Causes Of Loss	Actual Cash Value or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Borrowed Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "borrowed auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or lease.
2. For a "borrowed auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the owner of the "borrowed auto" named in the Schedule. However, the owner of the "borrowed auto" is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the owner of the "borrowed auto" or any "employee" or agent of the owner of the "borrowed auto", operating a "borrowed auto" with the permission of any of the above.
3. The coverages provided under this endorsement apply to any "borrowed auto" described in the Schedule until the expiration date shown in the Schedule, or when the owner of the "borrowed auto" or his or her agent takes possession of the "borrowed auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the owner of the "borrowed auto" named in this endorsement for "loss" to a "borrowed auto".
2. The insurance covers the interest of the borrower unless the "loss" results from fraudulent acts or omissions on your part.

3. If we make any payment to the owner of the "borrowed auto" we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the owner of the "borrowed auto" in accordance with the Cancellation Common Policy Condition.

2. If you cancel the policy, we will mail notice to the owner of the "borrowed auto" .

3. Cancellation ends this agreement.

D. The owner of the "borrowed auto" is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Borrowed auto" means an "auto" borrowed by you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs.

All other terms and conditions of the policy are the same.

Countersignature, if required by law

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/14/2008
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Comments:

Attachment:

AR PCTD.pdf

Satisfied -Name:	Form Listing	Review Status:	Approved	04/14/2008
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Comments:

Attachment:

Forms Listing.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Home Assurance Company	NY	012-19380	13-5124990	
American International South Insurance Company	PA	012-40258	02-6008643	
AIG Casualty Company	PA	012-19402	25-1118791	
Commerce and Industry Insurance Company	NY	012-19410	13-1938623	
Granite State Insurance Company	PA	012-23809	02-0140690	
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	012-19945	25-0687550	
New Hampshire Insurance Company	PA	012-23841	02-0172170	
The Insurance Company of the State of Pennsylvania	PA	012-19429	13-5540698	

5. Company Tracking Number	AIC-08-CA-03
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Sarah Jung 175 Water Street, 17 th Floor New York, NY 10038	Filings Analyst	212-458-7064	212-458-7077	Sarah.Jung@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Sarah Jung		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: May 5, 2008 Renewal:

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-CA-03
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Borrower – Additional Insured and Owner of Borrowed Autos	97308 (2/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

[illegible]